

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**  
03-27-2003 90101 017 \*\*\*150.00

DOCUMENT # P02000040849

1. Entity Name

VRUNDA INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11931 US Hwy 301 N.

Suite, Apt. #, etc.

3. Mailing Address

11931 US Hwy 301 North

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

THONOTOSASSA FL

City & State

THONOTOSASSA FL

4. FEI Number

02-0581558

Applied For

Not Applicable

Zip

33592

Country

USA

Zip

33592

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

UPENDRA B. PATEL

Street Address (P.O. Box Number is Not Acceptable)

11931 US Hwy 301 North

THONOTOSASSA

City

THONOTOSASSA

FL

Zip Code

33592

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

U.B. Patel

03-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD  
UPENDRA B. PATEL  
11931 US Hwy 301 North  
THONOTOSASSA, FL 33592

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

U.B. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 (813) 986-4986

Date

Daytime Phone #

CR2E034B (12/02)